

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40440**  
11478  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>217</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3702 Cook Av.</b>	
3. NAME OF DECEASED a. (First) <b>THOMAS</b> b. (Middle) <b>FIELDS</b> c. (Last) <b>FIELDS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 30, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Oct. 13, 1890</b>
9. AGE (In years last birthday) <b>63</b>		10. KIND OF BUSINESS OR INDUSTRY <b>laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Okalana, Miss</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <b>unknown</b>	
13a. FATHER'S NAME <b>Wesleyiah Fields</b>		13b. MOTHER'S MAIDEN NAME <b>Josie Fields</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes World War I</b>	
16. SOCIAL SECURITY NO. <b>705-146293</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Susie Fields</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pituitary tumor</b> <b>2. OTHER SIGNIFICANT CONDITIONS Pipelonephritis</b>		19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>224X</b>	
22. I hereby certify that I attended the deceased from <b>9/28, 1953</b> , to <b>11/30, 1953</b> , that I last saw the deceased alive on <b>11/30, 1953</b> , and that death occurred at <b>9:00 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles Thomas M.D.</b>		23b. ADDRESS <b>20. Grand</b>	23c. DATE SIGNED <b>12/1/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12/7/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Baracks, Mo</b>
DATE REC'D BY LOCAL REG. <b>12/9/53</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>S. Watkins 9808 Thomas St.</b>	

WHILE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4441

P. O. Address 2708 Thomas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.